

2)

U.S.D.C. (Civil)
U.S. Courthouse
1 Courthouse Way
Boston, Mass. 02109

MARGETTA LANGLOIS
V.
MICHAEL HUGO
SAM POLLACK
AND FLANDERS.

COMPLIANT PARTIES

1) THE PLAINTIFF MARGETTA LANGLOIS PRO.
C/O. OF P.O. Box 3091 HOLIDAY, FLA. 34690 -
(727) 514-3957

2) THE DEFENDANT'S MICHAEL HUGO,
SAM POLLACK, AND FLANDERS.
ALL OF BOSTON, MASS.

JURISDICTION

3) U.S.D.C. (CIVIL) COURT HAS JURISDICTION
OVER THIS MATTER -

4) ATTORNEYS: MICHAEL HUGO, + STAN POLLACK WERE THE LAST FIRM - TO REPRESENT ME - SINCE 1991-1992 - TO APRIL 14, 2004,
CONTINGENCY fee AGREEMENT SIGNED ON CASE AT BEGINNING AFTER 3-4 OTHER FIRMS DISOLVED -

5) 2 MONTHS OR SO THE FIRM BROKE UP AFTER CALLING FOR (6 MONTHS) FOR STATUS OF MY CASE - NOTHING DONE ALL THESE YEARS SEE EVID TO PROVE MY CASE WAS VERY WELL IGNORED BY ALL 3.1 NOCMUS

A) RETURNED - TO ME.
6) THE FIRM - FAILED TO FILE MY ORIGINAL PAPERS LATE SEPT. 03 - (IN NOV. 03 D.C. SENT THE LAWYERS ASKING THEM FOR MY "ORIGINAL FORMS" WHICH THE LETTER TO B.D.O. PROVES "ORIGINALS IN MY FILE SINCE 9/25/03 - TO 4/14/04 THEY NEVER SENT THEM TO DON CORNING,

B) THEY NEVER UPDATE MY ADDRESS TO DON CORNING IN 5 yrs. SEE LABELS + NONE USE THAT ADDRESS WAS NOT MY MAILING ADDRESS

P.O. Box 3091 Holiday FL 34690
See ADDRESS on ENVELOPE
NOV. 99 EVID-

C. FAILURE TO FILE my "ORIGINAL
FORMS w/ Dow Corning & my
CASE WAS "Incomplete" by 3/13/04
AFTER THEY WERE FILED 4/14/04

D. See THEIR LETTER "I SHOULD FILE
"ORIGINALS IN my FILE WHEN I
RECEIVED my FILE 3/1/04

WHY DID THEY NOT FILE THEM? BEFORE
I FILED THEM 4/14/04?

E. HOW COULD I HAVE LOST THEM?
THEY WERE IN my FILE THE
"ORIGINAL FORMS TO GET my CASE
SETTLED

F. my "ORIGINAL FORMS WERE
SUPPOSE TO BE FILED IN 03
TO COLLECT my CIVIL SUIT AGAINST
DOW CORNING:

FOR 1) MANUFACTURED PROOF

3

of IMPLANTS w/ SERIAL #'S IN
my file I supplied me w/ Dr.
MEDICAL REPORTS Hosp. REPORTS
PROOF OF MANUFACTURER SERIAL #'S
SIGNED + DATED by me - IN FILE 9/25/03

2). EXPLANTATION \$5000. FIRM
SIGNED + DATED by me - IN FILE 9/25/03

3). RUPTURE \$25,000. FIRM
SIGNED + DATED by me - IN FILE 9/25/03

7). ALL NEGLECTED by ALL 3 NAMED
IN SUIT AND MARGIE-PRIMERO ALLEN
WHOM I CALLED CONTINUOUSLY
+ I WAS NEVER GIVEN
ANY STRAIGHT ANSWERS + HOW
I NEEDED MY PAPERS PUT
IN FOR THE \$5,000 EXPLANTATION
MOVIES DUE TO SILICONE GOING THROUGH
MY BODY + BLOODSTREAM NUMEROUS
TIMES SINCE 1992 w/ PICTURES
AS EVIDENCE -

8). MY CASE WAS "GROSSLY NEGLECTED
by INEFFECTIVE COUNSEL
w/ MALPRACTICE, & FALSE
REPRESENTATION - + A FALSE &
ILLEGAL LIE ON MY CASE

61

W/ DOWN CURNING WHICH I HAD
TO FILE BECAUSE OF
THEIR IGNORANCE + GROSS
I WILL NOT BE COLLECTING
ANY MONIES FOR:

Proof of:
1) MANUFACTURED DOWN CURNING
Implants

2) EXPLANATION of Ruptured
+ Defective Implants Cause
THEY'VE NEVER FILED MY
PAPERS PROPERLY, OTHERS HAVE
GOTTEN THEIR MONIES
ALREADY - W/ WITNESSES
DUE TO THEIR LAWYERS
FILING THEIR CLAIMS ON TIME
+ PROPERLY.

3) Ruptured Implant money of
\$ 25,000.

4) DISEASE up to 300,000
CLASS 5. AND RUPTURE + EXPLANATION
MONIES.

"ALL 3" I GROSSLY NEVER FILED PAPERS FOR
THEY'VE TO COLLECT MY AWARDS FOR ME TO PROVE
6/28/04

10) WHEREAS, THE '3' Named in CIVIL CASE HAVE "GROSSLY Neglected + failed to file CASE in A PROPER MANNER for DEADLINE LAST YEAR To collect monies + THEY failed to file ORIGINAL FORMS in my file SINCE 9/25/03 + IN 11/03 ASKED BY D.C. SIN NEVER FILED THEM To 4/14/04 WHEN FILED BY MONTI, MARGETTA LANGLOIS PRO-SE for "FALSE + MISREPRESENTATIONS + INEFFECTIVE COUNSEL CAUSED Client more "HARDSHIP, MENTAL + EMOTIONAL STRESS" DUE TO THEIR INCOMPETENCE of A "false Lien" To ILLEGALLY collect monies NOT DUE! NEW FIRM UP OLD FIRM

No New Contingency fees or forms signed between MARGETTA LANGLOIS + BLACK + HANDERS

11) THEREFORE: Plaintiff MARGETTA ~~WILSON~~ LANGLOIS IS ASKING FOR FINAL FOR PUNITIVE DAMAGES IN THE AMOUNT OF \$300,000. EACH

of 3 DEFENDANTS;

- 1) ATTORNEY MICHAEL HUGO —
 - 2) Sam Pollack
 - 3) ~~Flinders~~ —
- 12) Plaintiff Also Asks for Triple Damages on Each Defendant for Malpractice AND For Negligence —
- for FALSE & ILLEGAL Lien on my Down Payment Case. I Can Not Collect on Due To This Lien will Not Be Resolved —
- 13) All 3 DEFENDANTS SHOULD NOT Collect ANYTHING (any money, No Legal fees NOTHING DUE TO my CASE WAS & STILL IS Incomplete by Hugo, Pollack & Flinders —
- 14) Plaintiff Also Asks THE Court To
- A) Waive ALL FILING fees DUE TO INDIGENCY — w/ Proof of Poverty.
 - B) for New Attorney fees if Needed —

9)

c) LEGAL EXPENSES-

1) Travel fee for witnesses

Witnesses:

HELEN DAVIS of Dow CORNING TRUST
Facility - Settlement from HOUSTON,
ALLISON TEXAS TO TESTIFY -
MILLS CLOUTIER
CAROL BELMONT

KATY BELMONT

AND OTHERS - MOTION TO
"DISMISS ILLEGAL LIEN ON D.C."

15) I SIGN UNDER THE PAINS AND
PENALTIES of perjury - ALL IS
THE TRUTH AND WILL BE
PROVEN - I need money

for my HEALTH REPAIRS - + TO EXPLANT
IMPLANTS IMMEDIATELY. Respectfully Submitted
Margaret Taylor

MOTION:
TO DISMISS ILLEGAL 6/28/04.
LIEN ON D.C. CASE.

C.C. HUGO, POLLACK, + FINDER
THRU B.D.O. Allison M. Cloutier
C.C. HELEN DAVIS of D.C.T.S.F.
for my file - TO JUDGE HOOD.

04/30/2004 11:55 16038990375
 (Domestic Mail Only) Insurance Coverage (provided)
 For delivery information visit our website at www.usps.com
 HOUSTON TX 77052
 Postage \$ 11.95
 Certified Fee \$2.30
 Return Receipt Fee (Enclosurement Required) \$1.75
 Restricted Delivery Fee (Enclosurement Required) \$0.00
 Total Postage & Fees \$ 16.03
 Sent to SETTLEMENT FRONTIER
 Street, Apt. No. or P.O. Box No. 52439
 City, State, ZIP+4 HOUSTON, TEXAS 77052-2439
 PS Form 3800, June 2002 See Reverse for Instructions

04/30/2004 11:55 16038990375
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 BOSTON MA 02109
 Postage \$ 11.95
 Certified Fee \$2.30
 Return Receipt Fee (Enclosurement Required) \$1.75
 Restricted Delivery Fee (Enclosurement Required) \$0.00
 Total Postage & Fees \$ 16.03
 Sent to SAM Pollack
 Street, Apt. No. or P.O. Box No. 50 CONGRESS ST. SUITE 430
 City, State, ZIP+4 BOSTON, MASS. 02109
 PS Form 3800, June 2002 See Reverse for Instructions

CUSTOMER: Complete items 1, 3-7, 15 and 19

(Item 2 for P.O. Use ONLY)

1. Name to which box number(s) is (are) assigned
 MARGETTA LANDLOIS
 2. Name of person making application (If representing an organization, show title and name of organization if different from above)
 Margaretta Landlois
 3. Will this office be used for soliciting or doing business with the public? (Check one)
 a. ☐ Yes b. ☒ No
 4. Address (No., Street, City, State and ZIP Code. Record address change on reverse and line out address below.)
 1567 ELMWOOD AVE TARPON SPRING
 6. Telephone No. (if any) NOW 727-372-1552
 APPLICANT PLEASE NOTE: Execution of this application signifies your agreement to comply with all postal rules relative to post office boxes and caller service.
 7. Signature of applicant (Same as item 3)
 Margaretta Landlois

ITEMS 8-14: TO BE COMPLETED BY POST OFFICE

8. Type of Identification (Driver's License, etc.)
 9. Date of Identification (Date of Birth)
 10. Date of Identification (Date of Birth)
 11. Date of Identification (Date of Birth)
 12. Date of Identification (Date of Birth)
 13. Date of Identification (Date of Birth)
 14. Date of Identification (Date of Birth)

PS Form 1093, June 1993

(PART II) APPLICATION FOR POST OFFICE BOX OR CALLER SERVICE

Use separate card for each number on inclusive group of numbers, and type of service. File Part I alphabetically by Customer's Name.

SFDCT-Mailroom

APR 30 2004

RECEIVED

Sept. 27, 99

I HAVE P.O. BOX 3091 HOUSTON TX 77052
 SINCE 9/27/99 ON RECORD IN
 HUGO + POLLACK + EVERY TIME I move
 I've Always updates, addresses +

PHONE NUMBERS see ALL packets
 update: P.O. Box 3091, Houston, TX 77052 -
 (727) 514-3757
 Physical House Address:
 5541 W. 10th DR N. P.R. FL 34652

4/16/04

S F D C T

**SETTLEMENT FACILITY
DOW CORNING TRUST**

P.O. Box 52429
Houston, Texas 77052

Telephone 713.874.6099
866.874.6099

April 28, 2004



SID: 0661763

MARGETTA LANGLOIS
C/O LAURA L LANGLOIS

P.O. Box 3091
HOLIDAY FL 34690

Re: MARGETTA LANGLOIS
Attorney Dismissal

The Settlement Facility - Dow Corning Trust (SF-DCT) has been notified that you are no longer represented by HUGO & POLLACK.

If you have any questions, you may contact a Claims Assistance Representative toll free at 866-874-6099. You may also access information on our website www.dcsettlement.com

Sincerely,

Settlement Facility - Dow Corning Trust

CC: HUGO & POLLACK

S F D C T

SETTLEMENT FACILITY

DOW CORNING TRUST

P.O. Box 52429
Houston, Texas 77052

Telephone 713 874 61
866 874 61

05/13/04

0661763

C/O Laura L Langlois
PO Box 3091
Holiday, FL 34690

**Re: Margetta Langlois
Lien Acknowledgement**

This letter will acknowledge that a lien has been filed by Pollack & Flanders, LLP, 440 Commercial Street Suite 200, Boston, MA, 02109 against your potential claim. This means that the aforementioned party claims you owe them an amount of money which they wish to claim out of your settlement benefits. The Settlement Facility – Dow Corning Trust (SF-DCT) does not direct parties as to the proper content or format for filing liens or evaluate the validity of a lien.

Any claim payments will be held until SF-DCT is notified in writing that the lien holder has withdrawn the lien or that you accept the lien holder as a joint payee on future payments.

In the event that there is a dispute regarding the validity of this lien, the U.S. District Court of Eastern Michigan has authorized the Settlement Facility to offer a dispute resolution program. The Lien Dispute Resolution procedures outline the appropriate course of action for resolving the dispute. Documents outlining these procedures and a copy of the court order authorizing the Settlement Facility to offer this program have been included with this letter.

For assistance regarding the lien, you should consult with your attorney, if you have one. If you have any questions, you may contact a Claims Assistance Representative toll free at 866-874-6099. You may also access information on our website www.dcsettlement.com.

Sincerely,

Settlement Facility – Dow Corning Trust

Enclosures: Copy of Third Party Claim
Order Regarding Lien Dispute Resolution Procedures
Provisions for Resolution of Disputes Relating to Third Party Claims

cc:

Pollack & Flanders, LLP
440 Commercial Street
Suite 200
Boston, MA 02109

RECEIVED

MAY 24 2004

SFDC-T-FILE ROOM

COPY

April 16, 2003

Margetta Langlois
P.O. Box 3091
Holiday, FL 34690

Re: Breast Implant Settlement

Dear Ms. Langlois:

As discussed, please find enclosed the Class 5 Claim Forms for Dow Corning Breast Implant Claimants, Information Guide and a Dow Corning newsletter. Please answer all questions to the best of your ability. If you are unsure as to how to answer a question, please feel free to contact me or leave it blank. Please do not forget to sign and date the form where specified. Kindly return the completed and signed form to us.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Margie L. Primero-Allen
Paralegal

Encl.

ORIGINALS IP
SPECIMEN FILE 5/1/04
I SENT FORMS w/ DATES & W/ MY
SIGNATURES ON
ORIGINALS SENT TO
NEVER SENT TO
by Hugo Black
M.D.

S F D C T

SETTLEMENT FACILITY

DOW CORNING TRUST

P.O. Box 52429
Houston, Texas 77052

11-18-03

0661763

MargettaHugo & Pollack
440 Commercial
6th Floor
Boston, MA 02109

Re: Submission of Claim Form Copy
Claimant Name: Margetta Langlois

Dear Hugo & Pollack:

The Settlement Facility –Dow Corning Trust has received your submission of your Claim Form copy. We are unable to process your claim since we require the original Claim Form for processing. We are enclosing another Claim Form packet for you to complete and submit the original forms. If you submitted medical records along with your Claim Form, we are returning a copy of those records in order for you to complete the Claim Forms.

If you have questions or concerns, please call Claims Assistance toll-free at (866) 874-6099.

Sincerely,

Claims Assistance Program
Settlement Facility – Dow Corning Trust

RECEIVED
NOV 19 2003
SFDCT-FILE ROOM

For assistance or questions call the Claims Assistance Program at 1.866.874.6099 (toll free)

Or go to www.dcssettlement.com on the internet

Letter Code 8330 created 06-09-03

WHAT DID
THEY DO
HUGO POLLACK
& FLANDERS
BUT HOLD MY
CASE
"Incomplete?"
10 MAY 04?



June 21, 2004

VIA FIRST-CLASS MAIL

Margetta Langlois
P.O. Box 3091
Holiday, FL 34690

Re: Dow Corning Settlement

Dear Margetta:

This letter is in response to the concerns that you have expressed to the Bar Counsel Office.

Our office had previously registered your Dow claim. You were timely registered in the Dow Corning Settlement as evidenced by our receipt of your Claim Forms and labels. Please find enclosed a copy of your Claim Form labels for your reference.

In our correspondence to you, we requested that you forward the original Claim forms to us. Please find enclosed a copy of our letter for your reference. In addition, in numerous conversations with my paralegal, Margie Primero-Allen, she specifically told you that we would review the Claim forms and then submit them, along with your medical records, to the Dow Corning Settlement Facility on your behalf. However, you subsequently removed us as your attorney of record and we promptly forwarded your entire file, including your original Claim Forms, to you at your request.

We understand that you have received a notice from the Dow Corning Settlement Facility regarding a deficiency in your claim. This deficiency relates to your submission of copies of your Class 5 Claim forms. The Settlement Facility requires the original Claim Forms. In order to correct the deficiency in your claim, you must submit your original Claim Forms, which were enclosed in your file. If you have misplaced your original Claim Forms, you can contact the Dow Corning Settlement Facility at 1-866-874-6099 to request another Claim Form packet. After you submit your original Claim Forms to the Settlement Facility, they will notify you of the next steps in the claims process.

Sincerely,

A handwritten signature in cursive script that reads 'Samuel M. Pollack /mpa'.

Samuel M. Pollack, Esq.
Cc: Bar Counsel

Encl.

"RECEIVED"

JUN 23 2004

ATTORNEY & CONSUMER
ASSISTANCE PROGRAM

*my Original
forms in my
file in cl 48060
Pollack wish 5/1/04
filed 4/14/04 by me please
why should I have
AND TO Settlement
FILE Gross
Negligence
MAHARRISH
+ 1 Lien
Incomplete
CASE 6, 70
CASE
H.L.*



0661763

MARGETTA LANGLOIS
C/O LAURA L LANGLOIS
9216 MOJAVE PL
NEW PORT RICHEY FL 34655

Remove this label and apply to
each claim form you submit.

DCN# 065277 POC#0379599-00
Date of Birth Jun 17 1948
Telephone Number (727)372-1550
Social Security Number 025384715



0661763

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Date of Birth Jun 17 1948
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Social Security Number 025384715

*Old address
5 yrs ago -
No longer
updated
why?
M.L.*

*No labels
ever used
on this
street
M.L.*

POLLACK & FLANDERS
ATTORNEYS AND COUNSELLORS AT LAW

April 19, 2004

Dow Corning Settlement Facility
P.O. Box 52429
Houston, TX 77052-2429

Re: Margetta Langlois – Notice of Attorneys' Lien
DCN#: 065277
POC#: 0379599-00
S.S.N: 025-38-4715

Dear Sir or Madam:

Please be advised that we previously represented the above-referenced individual in her claim with the Dow Corning Settlement Facility (hereinafter "Dow Corning").

On April 15, 2004, we received notification, via facsimile, from Ms. Langlois of her intent to dismiss our firm as attorney of record. By way of this letter, we hereby give notice of the filing of a lien for services rendered by us as attorneys to Ms. Langlois in her claim with Dow Corning. We assert that we are entitled to a lien on any settlement amount, judgment or other recovery by Ms. Langlois arising out of her claim with Dow Corning, for Attorneys' fee compensation and for costs advanced by us on behalf of Ms. Langlois in the litigation and settlement of her claim.

We understand that the individual fee arrangement between our firm and Ms. Langlois is governed by the laws of Massachusetts, namely the provisions of Massachusetts General Laws, Ch. 221, § 50, which provides:

From the authorized commencement of an action, counterclaim or other proceeding in any court, or any appearance in any proceeding before any state or federal department, board of commission, the attorney who appears for a client in such proceeding shall have a lien for his reasonable fees and expenses upon his client's cause of action, counterclaim or claim, upon the judgment, decree or other order in his client.

Furthermore, we understand that the fee arrangement between our firm and Ms. Langlois, although governed by the laws of Massachusetts, are subject to the limitations expressed at Article IX of Annex A to the Dow Corning Settlement and Fund Distribution Agreement. Lastly, we understand that, should Ms. Langlois dispute our lien, the matter shall be resolved through Dow Corning's Dispute Resolution process.

COPY

Handwritten notes:
Thank's
never represented
me!!! 50 law
firm + Noted
done for me
I've sent
everything
JL!

Handwritten notes:
New firm
Law firm
again? why?

5)

6)

If you have any questions regarding this matter, please do not hesitate to contact our office at 617-259-3000.

Sincerely,


Samuel M. Pollack, Esq.

Cc: Margetta Langlois

OFFICE OF THE BAR COUNSEL

BOARD OF BAR OVERSEERS OF THE SUPREME JUDICIAL COURT

99 High Street

Boston, Massachusetts 02110

(617) 728-8750

Fax: (617) 482-2992

www.mass.gov/obcbbbo

**Note New Address
and Fax Number**

DANIEL C. CRANE
BAR COUNSEL

June 24, 2004

Ms. Margetta Langlois
c/o Kathy Hagan
3 Thompson Court
Lowell, MA 01851

Dear Ms. Langlois:

As we discussed, enclosed is a copy of Mr. Pollack's June 21, 2004 letter, addressed to your Holiday, Florida address.

Sincerely,



Alison Mills Cloutier
Assistant Bar Counsel

Enclosure

19

Prof. M. K. 12/15
New York
UPDA 12/15

24

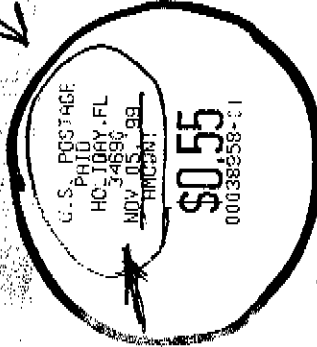
ATTORNEY'S NEVER CHANGED ADDRESS ~ 5 YRS

Pauline

P.O. Box 3091

Friday. 7/23/

10004-437-1007



Attorney Michael Hugo

4 Fannemilham Market place

Boxton Mass. 12309.

mijnvader 3yo!

02153/1506
6/1/50
55N, 70
16.30. Now 4/10/44.

Disease Option 2 payment amounts are determined by the severity level of your approved compensable disease or condition.

✓ DISEASE OPTION 2 PAYMENT SCHEDULE

Locate your approved disease or condition in Disease Option 2 below and the severity level of that disease or condition	You must have proof that you have or had a Dow Corning breast implant and did not have a Bristol, Baxter or 3M silicone gel breast implant**		
	Base Payment	+ Premium Payment	= Total Payment
Scleroderma (SS) or Lupus (SLE); Severity Level A	\$250,000	+ \$50,000	= \$300,000
✓ Scleroderma (SS) or Lupus (SLE); Severity Level B	\$200,000	+ \$40,000	= \$240,000
Scleroderma (SS) or Lupus (SLE); Severity Level C	\$150,000	+ \$30,000	= \$180,000
Polymyositis (PM) or Dermatomyositis (DM) (there is only one severity level for PM and DM); General Connective Tissue Symptoms (GCTS), Severity Level A	\$110,000	+ \$22,000	= \$132,000
General Connective Tissue Symptoms (GCTS); Severity Level B	\$75,000	+ \$15,000	= \$90,000

** If you have acceptable proof that you have or had a Bristol, Baxter or 3M silicone gel breast implant, the Total Payment amount will be reduced by 50%.

4. I AM NOT SURE IF I HAVE LUPUS OR ^{I HAVE} ACTD. THE DISEASE PAYMENT OPTION CLAIM FORM SAYS I MAY PICK ONLY ONE (1) DISEASE. HOW DO I DECIDE WHICH TO SELECT?

Consult with your doctor prior to completing the Disease Payment Claim Form about what disease or condition he or she has diagnosed or determined you may have. Check the box that matches your diagnosis and supporting medical records. If you check the box for either lupus, scleroderma, polymyositis, dermatomyositis or GCTS and do not qualify, then the Settlement Facility will review your claim for ACTD and/or ANDS if, in the judgment of the Settlement Facility, it appears that you may qualify for one (1) of these conditions.

DO NOT RETURN INSTRUCTIONS WITH FORM

For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099 or go to www.dcssettlement.com on the internet

EXPEDITED RELEASE PAYMENT OR DISEASE PAYMENT CLAIM FORM



ANNA JACQUES HOSPITAL

DR. WAYNE DIBBLE

25 Highland Avenue

Newburyport, MA 01950

508 463.1000

AUTHORIZATION TO RELEASE MEDICAL RECORDS

LOCAL - # 978 45-3-7006 COMMON RECORDS CAN BE PICKED UP

NAME: MARGETTA LANGLOIS DATE OF BIRTH: 4/17/48 MED REC.#

ADDRESS: Now P.O. Box 3091 HILISAY, FLA 34690

PHONE: (727) 514-3957 DATE REQUEST RECEIVED:

1. I authorize and request the release of the medical records obtained in the course of treatment at (Name of Hospital) Anne Arundel Hosp Annesbury, Mass

2. The information to be disclosed is from the time period of:

☐ Abstract ☒ Operative Record ☒ Lab Reports

☐ Face Sheet ☒ Discharge Summary ☒ X-Ray Reports

☒ History & Physical ☒ Pathology Report ☒ P.T. Notes

Other, specify: ALL RECORDS & DR. REPORTS O.R. Reports EVERYTHING

3. The requested information will be:

☒ Mailed to home address ☒ Picked up on (date)

☐ Mailed to the following address: IN CASE PAPER ARE NOT SENT OUT

4. This request is for the purpose of: ☐ Continued Care ☐ Insurance ☐ Attorney

☐ Disability ☐ Health Care Provider ☐ Admit ☐ Patient Access

Other: DOCTOR IN FLA FOR Removal of Implants

5. If my initials appear here, I understand that the medical record contains sensitive information about alcohol use, drug use, physical assault, sexual assault, sexually transmitted disease, and/or psychiatric treatment.

6. If my initials appear here, I understand that the medical record contains sensitive information about testing for the HIV Antibody or Antigen.

7. I have carefully read and understand the above statements, and do herein expressly voluntarily consent to disclosure of the above information about, or medical records of, my condition to those persons or agencies named above. The person/ agency receiving this information has been informed that any redisclosure of this information is prohibited by law without my further consent.

8. A photocopy of this authorization shall have the same effect as the original.

9. This authorization to release information expires 90 days from the date of signature. I understand this consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon.

10. Margetta Langlois 6/1/04
Signature of Patient Date

Signature of Witness

I.D. Verified

SOCIAL SECURITY ADMINISTRATION

FILED
IN CLERKS OFFICE
Date: July 1, 2004
Claim Number: 2004 JUL 12 P 3 40 26W6

U.S. DISTRICT COURT
DISTRICT OF MASS

MARGETTA LANGLOIS
PO BOX 1016
METHUEN MA 01844-0990

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2003, the full monthly
Social Security benefit before any deductions is.....\$ 1029.30

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1029.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

*Proof of
S.S. Widow
Benefits*

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 978-686-6171. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 4208
439 SOUTH UNION STREET
LAWRENCE, MA 01843

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER